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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.36 (e)) required)

Attorney/Dealer Number	APA-PT018
First Named Inventor	Lutz Ochsmann, Gracia Fling
COMPLETE INVENTION	
Application Number	10/586,208
Filing Date	January 27, 2008
Group Art Unit	Not Yet Known
Examiner Name	Not Yet Known

As a threshold matter, I hereby declare:

My invention, use, or process, and drawings are not identical to those of:

I declare under penalty of perjury that I am the inventor of the invention described in the application, and I am not aware of any other person who has invented or is inventing the invention described in the application.

A PROBE FOR MEDICAL USE

the specification of which

☐ is a matter of law

OR

☒ was filed on (DATE) (YYYY)

07/28/2003

by United States Application Number of PCT International

Application Number (PCT/US2003/000108)

and was amended on (DATE) (YYYY)

06/19/2006

if applicable.

I hereby state that I have reviewed and understand the contents of the above certified specification, including the claims, as amended by any amendment lawfully filed to date.

I acknowledge the duty to disclose information material to patentability as defined in 37 CFR 1.56.

I have not been charged with prior art under 35 U.S.C. 102(b)(1) or 35 U.S.C. 102(b)(2) of any foreign application for a patent or invention, or PCT or non-PCT international application which (a) was filed on or after the date of the above application, and (b) was not known to me at the time of filing the above application, or of any PCT international application (a) was filed on or after the date of the above application, and (b) was not known to me at the time of filing the above application, or of any PCT international application (a) was filed on or after the date of the above application, and (b) was not known to me at the time of filing the above application.

Patent Application Number	Country	Patent Filing Date (MM/DD/YYYY)	Priority Not Claimed	Optimal Claim Attached?
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☒ Additional foreign or national numbers to this Declaration is completed in the following table. Additional foreign or national numbers to this Declaration is completed in the following table.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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